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## HB Bill 5303

## AN ACT CONCERNING ACCESS TO EMERGENCY MEDICINE FOR CHILDREN WITH EPILEPSY

## Committee on Children

Greetings Senator Bartolomeo and Representative Urban and members of the Committee on Children:

As a pediatric nurse practitioner and the President of the Association of School Nurses of CT (ASNC), I appreciate the intent within this proposed bill to expand the scope of school staff who can administer "antiepileptic medication to a specific student for prompt treatment of the student's epilepsy". This is a personal as well as professional issue for me. My son was diagnosed with a seizure disorder in 3<sup>rd</sup> grade. We were faced with many daily concerns and worked closely with his school and camp staff to ensure his safety, while also being advocates to ensure his inclusion in appropriate activities and events. Professionally, I am also the Health Coordinator of the ACES school district where we provide safe educational programs for an average of 1,000 special education students per year, many with very complex forms of epilepsy. Although I truly empathize with the basic intent of this bill, this is a very complicated medical and regulatory issue. The following is a brief list that warrants consideration:

- The school nurse has a legal obligation to delegate all approved medications. Factors involved in determining if each medication delegation is safe and appropriate include:
  - Being competent in recognizing the need for emergency medication in the context of all of the student's potential health problems, often not limited to just epilepsy
  - Route of administration antiepileptic medications can be given orally, rectally, intravenously, or intranasal
  - Recognize and manage potential side effects most of these medication are controlled substances
  - The appropriate and safe care of the student after the seizure and administration of emergency medication how to know when to activate EMS
- Epilepsy manifests on a wide clinical spectrum in terms of types of seizures, and frequency and the correlating pharmacologic treatment of epilepsy is an evolving field
  - Should differentiate between children who have multiple seizures a day, requiring PRN medication (not necessarily considered an emergency) and those who are relatively well-controlled and may require emergency medication every year or more (constituting an emergency that requires EMS).
  - Legislation that authorizes unlicensed school staff to administer emergency medication should consider specifying the types of seizure emergencies and types of medications, including route of administration
- Unlicensed staff who might be authorized to administer this medication would require a structured training program to reach the level of competency required to ensure student safety. This legislation should specify the minimal requirements of such a training program
- A Seizure Action Plan (sample attached) should be required for all students whom emergency medication treatment is prescribed in school, especially if that medication is to be delegated to unlicensed staff.

I respectfully propose that, given these and other complex considerations involved in this issue, the Committee assign this topic to the School Nurse Advisory Council for its next set of legislative recommendations. The Council was created by legislation last year to provide a structured approach to addressing complex school health-related issues, in consideration to the multiple stakeholders invested in providing safe and effective healthcare to students in CT schools.

Section one of Public Act No. 13-187, An Act Concerning a School Nurse Advisory Council and An Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections, calls for the establishment of a School Nurse Advisory Council, effective July 1, 2013. The Council shall advise the Commissioners of Public Health and Education and the joint standing committees of the General Assembly having cognizance of matters relating to education and public health concerning (1) professional development for school nurses, (2) school nurse staffing levels; (3) the delivery of health care services by school nurses (4) protocols for Emergency Medication Administration (5) protocols for evaluating certain temporary medical conditions that may be symptomatic of serious illnesses or injuries.

Respectfully Submitted,

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